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November 3, 2004

Via Facsimile

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 USA

Dear Sir/Madame:

Re: U.S. Patent Application No. 10/618910 filed July 14, 2003
For PHANTOM FOR EVALUATING NONDOSIMETRIC
FUNCTIONS IN A MULTI-LEAF COLLIMATED
RADIATION TREATMENT PLANNING SYSTEM
Inventors: Jake VAN DYK; Andrea Leigh MCNIVEN
Assignee: Cancer Care Ontario

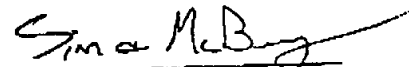
Please find enclosed a Revocation of Power of Attorney with new Power of Attorney and Change of Correspondence Address executed by Cancer Care Ontario in favour of Sim & McBurney, identified by Customer Number 24223.

Please note that the new attorney docket number will be 11464-3.

Confirmation of receipt of the Revocation and new appointment is respectfully requested.

Respectfully submitted,

Sim & McBurney



Agents of Record

Matthew D. Powell:kl
Patent Agent Registration No. 55767

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0851-0031

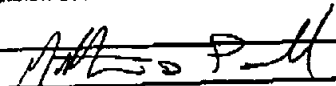
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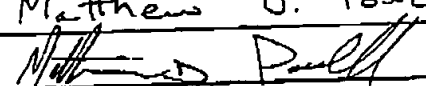
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/618,910	
	Filing Date	July 14, 2003	
	First Named Inventor	Jake VAN DYK	
	Art Unit	2882	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	P/87-5

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Matthew D. Powell
Signature	
Date	November 3, 2004

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Date	Nov- 3, 2004

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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0851-0035

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/618,910
	Filing Date	July 14, 2003
	First Named Inventor	Jake Van Dyk
	Art Unit	2882
	Examiner Name	
	Attorney Docket Number	P/87-5

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24223

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

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OR

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Individual Name

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Name Cancer Care Ontario c/o Dr. Roger Desley

Signature 

Date 09/23/03

Telephone

613 533 2023

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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